B. STATE PRIORITIES

The Division of Public Health, Bureau of Community Health Promotion, Family Health Section staff identified possible strategies or activities that will help Wisconsin move toward addressing the needs because it is not enough to agree that something is a problem. We must have a reasonable strategy for addressing the problem, in order for it to rise to the level of a priority need or a Wisconsin State Performance Measure. The public health assurance function is carried out in many ways or approaches from: providing services directly, contracting services, developing legislation, educating professionals and consumers, building systems, and/or improving data capacity. During the needs assessment process, staff considered effectiveness, efficiency, and acceptability based on their experience and insight regarding what can work -- within the sphere of control in state government.

1. Effectiveness:
   - How effective is this to leading to a solution?
   - Is it reachable by known interventions?
   - Can it be tracked and measured?
   - What are the health consequences of not implementing such a strategy/activity?

2. Efficient:
   - How efficient is this to leading to a solution?
   - Does the solution produce a result with a minimum of effort, expense, or waste?
   - Is this appropriate use of Title V, Block Grant dollars?

3. Acceptable:
   - How acceptable is this strategy/activity to clients, providers, and within state government?
   - What is the degree of demographic, racial, and ethnic disparity?
   - Does this solution help achieve a Healthiest Wisconsin 2010 Health Priority?
   - Does this solution help promote the Governor's KidsFirst Initiative?

Wisconsin's 10 Priority Needs

The following table outlines Wisconsin's Priority Needs, National Performance Measures and the State Performance Measures for 2006.

Wisconsin's Top 10 Needs	National Performance Measures	State Performance Measures for 2006
1. Disparities in Birth Outcomes ♦ Infant mortality ♦ LBW ♦ Preterm ♦ Early Prenatal care	Percent VLBW Percent VLBW delivered at facilities for high risk First trimester prenatal care	Ratio the of black infant mortality rate to white infant mortality rate
2. Contraceptive Services ♦ Unintended pregnancy ♦ Teen births ♦ Abstinence from adolescent sexual activity	Rate of births among teenagers 15 – 17	Percent of eligible women enrolled in the Wisconsin Medicaid Family Planning Waiver during the year
3. Mental Health for all populations groups	Rate of deaths from suicide among 15 – 19	Percent of children, ages 6 months -5 years, who have age appropriate social and emotional developmental levels

Wisconsin's Top 10 Needs	National Performance Measures	State Performance Measures for 2006
4. Medical Home for all children	CSHCN receive care within a medical home	Percent of children who receive coordinated, ongoing comprehensive care within a medical home
5. Dental Health (including CSHCN, racial/ethnic, linguistic, and geography, income)	Percent of third graders who have protective sealants	Percent of Wisconsin Medicaid and BadgerCare recipients, ages 3 – 20, who received any dental services during the year
6. Health Insurance and Access to Health Care	Percent of children without health insurance	Percent of children less than 12 years of age who receive one physical exam a year
7. Smoking and Tobacco Use • Youth • Pregnant Women		Percent of women who use tobacco during pregnancy
8. Intentional childhood Injuries • Child Abuse and Neglect	Rate of deaths from suicide among 15 – 19	Number of substantiated reports of child maltreatment to Wisconsin children, ages 0 – 17, during the year
9. Unintentional Childhood Injuries	Rate of deaths to children 14 years and younger from motor vehicle crashes	Death rate per 100,000 among youth, ages 15 – 19, due to motor vehicle crashes
10. Overweight and At Risk for Overweight	Percent of mothers who breastfeed their infants at hospital discharge	Percent of children, 2 – 4 years who are obese or overweight

1. Disparities in Birth Outcomes

   Disparities in birth outcomes are related to NPM #15, #17, and #18 by addressing very low birthweight and early prenatal care. Wisconsin's continuing SPM #9 addresses the ratio of the Black infant mortality rate to White infant mortality rate.

   In Wisconsin in 2003, the Black infant mortality rate was 15.3 deaths per 1,000 live births, nearly 3 times the rate of 5.3 for White infants. The White infant mortality rate is declining steadily with a near 50% reduction over the past 20 years. In contrast, the Black infant mortality rate has varied slightly but has not declined during this period. Comparing Wisconsin's Black infant mortality rates relative to other states, for the period 1979-1981, Wisconsin ranked 3rd best. However great strides in infant mortality reduction made by other states, compared to a lack of improvement in Wisconsin has led to sharp drops in Wisconsin's rank relative to other states. For the period 1999-2001, Wisconsin's rank dropped to 32 among 34 states with a sufficient number of Black births. The infant mortality disparity of Blacks as compared to Whites ranked Milwaukee as the 4th worse among 16 U.S. cities (Big Cities Health Inventory, 2003). Analysis of 3-year average infant mortality rates for Wisconsin's American Indian population identifies a disturbing trend with rates increasing from 8.4 in 1998 -2000 to 12.9 from 2002-2003.

2. Contraceptive Services

   This priority takes into account the concerns voiced by many during the needs assessment process regarding unintended pregnancy, teen births, and abstinence from sexual activity. Our priority aligns with NPM #8 which examines rate of teen births. Wisconsin's new SPM #1 attempts to examine the access and utilization of contraceptive services by monitoring

the percent of eligible women enrolled in the Wisconsin Medicaid Family Planning Waiver during the year.

Women are defined as "in need of contraceptive services and supplies" during a given year if they are ages 13-44 and meet three criteria: 1) they are sexually active, that is, they have ever had intercourse; 2) they are fecund, meaning that neither they nor their partner have been contraceptively sterilized, and they do not believe that they are infecund for any other reason; and 3) during at least part of the year, they are neither intentionally pregnant nor trying to become pregnant. Women are defined as "in need of publicly-funded contraceptive services and supplies" if they meet the above criteria and have a family income under 250% of the federal poverty level (estimated to be less than $42,625 for a family of four). All women younger than 20 who need contraceptive services and supplies are assumed to need publicly supported care, either because their personal incomes are below 250% of poverty or because of their heightened need--to preserve confidentiality--for obtaining care that not depend on their family's resources or private insurance.

640,420 women ages 13-44 are estimated to be in need of contraceptive services and supplies in Wisconsin. Ninety-three percent of females aged 15-44 years at risk of unintended pregnancy used contraception in 1995. Approximately 17% of the estimated need for public support family planning services has been met through the Medicaid Family Planning Waiver through December 31, 2004.

3. Mental Health for All Population Groups

Mental health as a priority need links with the NPM #16 that focuses on deaths from suicide.
Wisconsin's new SPM #3 will monitor the percent of children, ages 6 months - 5 years, who have age appropriate social and emotional developmental levels. (It is important to note that we recognize the importance of women's mental health, postpartum depression, the stigma associated with a mental illness diagnosis, and adolescent indicators of need, however, our SPM focus is on young children.)

According to the 2000 National Survey of Early Childhood Health, parents of children 4-35 months of age most frequently have concerns about how their child behaves (48%), how their child talks and makes speech sounds (45%), the child's emotional well-being (42%), and how their child gets along with others (41%). Infant mental health focuses on several complementary issues: 1) promoting a healthy bond between the child and caregivers; 2) assessing and promoting healthy social and emotional development; 3) developing intervention services for children at risk of poor developmental outcomes because of family issues such as domestic violence and substance abuse; and 4) provisions for specialized treatment for children and families who need intensive help because of postpartum depression or other diagnosed mental illness of the parent, abuse and neglect, or a diagnosed emotional or behavioral disorder.

4. Medical Home for All Population Groups

This priority need is an outgrowth of the NPM #3 which focuses on children with special health care needs. During the needs assessment process it became evident that medical home was an important concept for all children. Wisconsin's new SPM #5 reads the same as the NPM except for the population target including all children.

A child with a medical home does not use a hospital emergency room as their primary place of care. According to the Wisconsin Family Health Survey in 2003, 2.5 % of Hispanic children and 14.7% of African American children used a hospital emergency room as their primary place of care compared to less than 1% of White children. National SLAITS data indicate that: children without a medical home are twice as likely to experience delayed or forgone care; non-White children are significantly less likely to have a medical home; and poor children and children whose special health care needs have a significant adverse impact on their activity levels are more than twice as likely not to have a medical home and have unmet health care needs.

5. Dental Health (including CSHCN, racial/ethnic, linguistic, geography, income)

The dental health priority has shifted focus to access and accessibility. The NPM #9 concentrates on delivery of protective sealants whereas Wisconsin's new SPM #2 will observe the percent of Wisconsin Medicaid and BadgerCare recipients, ages 3-20, who received any dental services during the year.

Both Governor Jim Doyle, in his KidsFirst Initiative, and the state health plan, Healthiest Wisconsin 2010, identify oral health as a critical need. The National Survey of CSHCN reported that 83.1% of Wisconsin CSHCN required dental services and 92.6% received all needed dental services. 7.4% did not receive all needed dental services, which translates to 13,000 children with unmet oral health needs each year. The Wisconsin Family Health Survey revealed that 4.3% of CSHCN, or 12,800 children, did not receive needed dental care. The two primary reasons given were they couldn't afford dental care or had inadequate insurance.

In Wisconsin, 30.8% of children have at least one primary or permanent tooth with an untreated cavity. Compared to White children, a significantly higher proportion of minority children had caries experience and untreated decay. Twenty-five percent of the White children screened had untreated decay compared to 50% of African American children, and 45% of Asian children, and 64% of American Indian children. In addition, children who attend lower income schools have significantly more untreated decay (44.5%) compared to children in both middle (31.7%) and higher income schools (16.6%).

6. Health Insurance and Access to Health Care

There is a strong relationship between health insurance coverage and access to health care. During the needs assessment process, our stakeholders had difficulty looking at one need without the other; thus, we combined them into one priority. The NPM #13 requires data on percent of children without health insurance. The Wisconsin new SPM #6 monitors the movement to achieve this need by measuring the percent of children less than 12 years of age who receive one physical exam a year.

Wisconsin ranks high in the proportion of people who have health insurance. However, state data indicate that the maternal and child health population are less likely to be insured for the entire year.

7. Smoking and Tobacco Use

There is not an NPM for tobacco use. The Wisconsin continuing SPM #7 looks at percent of women who use tobacco during pregnancy. Smoking during pregnancy is a major risk

factor for infant mortality, low birthweight, prematurity, stillbirth, and miscarriage. Overall in 2003, 9,769 or 14% of pregnant women in Wisconsin reported smoking during pregnancy; this rate is higher than the national rate of 11.0%. In terms of racial differences, American Indian women continue to report the highest percentage of smoking during pregnancy, nearly 3 times as high as the overall state percentage.

8. Intentional Childhood Injuries

Discussions during the needs assessment process resulted in dividing injury into intentional and unintentional injuries. The NPM #16 relates to the priority as it addresses deaths from suicide among older teens. However, Wisconsin's new SPM #4 focuses on child abuse, neglect and maltreatment issues. We will monitor the number of substantiated reports of child maltreatment to Wisconsin children, ages 0-17, during the year.

In 2002, there were 42,698 total reports of child abuse and neglect with substantiations in Wisconsin. The largest number of substantiated reports are for children between the ages of 12 and 14. Between 2000 and 2002, there were slightly more reports and substantiations for female children than males.

9. Unintentional Childhood Injuries

The priority need for unintentional childhood injuries relates with the NPM #10 and the new SPM #10 both addressing death from motor vehicle crashes but for different age groups; 14 and under; and 15- 19, respectively.

In Wisconsin, there are almost two times the number of unintentional injuries and deaths than intentional or violent injuries and deaths in this 0-21 age group. More than 2,100 children, teenagers, and young adults up to 21 years of age died from injuries and more than 37,300 were hospitalized from 1998-2002. Of these deaths, 916 died from injuries related to motor vehicles. The leading injury hospitalization for children ages 0-21 were motor vehicle related and fall injuries totaling 4,054 out of more than 37,300 hospitalizations.

10. Overweight and At-Risk-for-Overweight

The concern about overweight and at risk for overweight was clear during the needs assessment process and surfaced as a priority need for Wisconsin. The NPM #11 which relates to breastfeeding is the closest measure to this priority need. The Wisconsin's continuing SPM #8 looks closely at the percent of children, 2-4 years who are obese or overweight.

The prevalence of overweight in Wisconsin children from birth to age 5 is 12.2%. Overweight and at-risk-for-overweight has increased among all racial and ethnic groups. The prevalence of at-risk-for-overweight for children aged 2 to 5 or older increased from 13.8% in 1994 to 15.9% in 2003. In 2003, the highest rates for overweight and at-risk-for-overweight were among American Indian (19.2% and 20.0%), Asian (19.3% and 17.8%), and Hispanic (17.8% and 17.6%). Rates for Whites were slightly lower at 11.8% and 15.9%, and Blacks were at 10.1% and 13.6%.